



LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982

APPLICATION FOR REGISTRATION OF PERSONS AND PREMISES TO CARRY ON THE PRACTICE OF ACUPUNCTURE AND THE BUSINESS OF TATTOOING, EAR PIERCING AND ELECTROLYSIS

I/WE HEREBY MAKE APPLICATION under the provisions of the above Act for registration to carry on the business of:

PRCTICE OF ACUPUNCTURE

BUSINESS OF TATTOOING

BUSINESS OF EAR PIERCING

BUSINESS OF ELECTROLYSIS

BUSINESS OF SEMI PERMANENT SKIN COLOURING

(Please tick all that apply)

PART 1 REGISTRATION OF PERSON

1. Name(s) of Applicant(s) (in full)	
2. Address(es) of Applicant(s) (ie usual place(s) of residence or, in the case of a company or firm, the registered or principal office).	
3. Telephone Number	
4. E Mail address	
5. Address of premises where the applicant(s) will be operating from. <b>NB – NO PERSONAL LICENCE WILL BE ISSUED UNLESS THE APPLICANT IS OPERATING FROM A REGISTERED PREMISES.</b>	
6. <b>Have you,</b> a)been convicted within the previous five years of carrying on the practice or business, which is the subject of registration under the Act, without being registered by a local authority under this Act;	YES/NO*
b)been convicted within the previous five years of carrying on the practice or business, which is the subject of registration under the Act, in premises which were not registered by a local authority under this Act;	YES/NO*
c)had a registration under this Act suspended or cancelled by order of a court.	YES/NO*
<b>If you answered YES to any part of Question 5 please give complete details</b>	

7. Have you previously been registered with this or another authority?. <b>If YES please give full details.</b>	
1. Have You Previously Been Registered With This Or Any Other Authority	

**PART II REGISTRATION OF PREMISES**

1. Address of premises required to be registered and where the applicant will operate from. <b>NB – NO PERSONAL LICENCE WILL BE ISSUED UNLESS THE APPLICANT IS OPERATING FROM A REGISTERED PREMISES.</b>	
2. Telephone number of premises to be registered	
3. E Mail for premises if applicable	
4. Number and position of rooms to be used	
5. Arrangements for cleansing of premises, fittings and equipment. <b>NB Can be attached as a separate schedule</b>	
6. Arrangements for cleansing and sterilisation of instruments. <b>NB Can be attached as a separate schedule</b>	
7. Have you previously registered any premises in this respect in any other district? If so, which?	YES/NO
8. <b>Have you,</b> a)been convicted within the previous five years of carrying on the practice or business, which is the subject of registration under the Act, without being registered by a local authority under this Act;	YES/NO*
b)been convicted within the previous five years of carrying on the practice or business, which is the subject of registration under the Act, in premises which were not registered by a local authority under this Act;	YES/NO*
c)had a registration under this Act suspended or cancelled by order of a court.	YES/NO*

**Premise Application Fee enclosed**  
**And/or Person Application Fee enclosed**

**NB: Details of the appropriate fees are available on the East Riding of Yorkshire Council’s website.**

(Please tick all that apply)

**I Declare That The Above Is True, And Undertake To Inform The Council Immediately Of Any Change In These Particulars.**

Signed..... on behalf of .....

Date .....

\*TATTOAPP\*

\*«uwcode9»«refno»\*